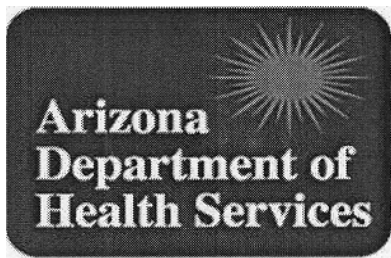


Business or Commercial Use Order Form
For Public Release of Arizona Hospital Discharge Data



MAIL YOUR ORDER TO:
Arizona Department of Health Services
Bureau of Public Health Statistics
Section of Cost Reporting and Discharge Data Review
150 North 18th Ave - Suite 550
Phoenix AZ 85007-3248
Phone: 602-542-8064 Fax: 602-542-2940
Website: <http://azdhs.gov/plan/crr/index.htm>

- **1. BEFORE ORDERING – REVIEW THE RELEASE INFORMATION** - <http://azdhs.gov/plan/crr/ddr/rel/info.htm>
- **2.** Available data is Hospital Inpatient (IP) or Hospital Emergency Department (ED).
- **3.** Data is provided in 6 month sets, January – June (“01”) and July – December (“02”).
- **4.** Cost for Business or Commercial data is \$900.00 per data set.
- **5.** All orders must include a properly completed and signed [Data Use Agreement](#)
- **6.** For information on the most current data available, check the information page at <http://azdhs.gov/plan/crr/ddr/rel/info.htm> on our website.

Data Set Time Period (for example, 2008-01)	Qty IP	Qty ED	Amount	Sub Total
A check for Total Amount Due, payable to Arizona Department of Health Services, must accompany this form.			Total Amount Due:	

Ship To:

Name: _____ Company: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ E-Mail: _____

Phone: _____ FAX: _____

Data is provided on CD in both ASCII and DBF Formats. **CDs will be sent regular USPS mail unless alternative shipping instructions are provided below:**

Carrier Name: (FedEx / UPS / etc.)	Recipient's Account Number	Service Type: (overnight / 2-day / etc.)

For Office Use Only:

Date Rec'd _____ Check Number _____ Rec'd By _____ Date Sent _____ Sent By _____